

Message

From: Stephanie Elmore [selmore@goodmannetworks.net]
Sent: 10/5/2022 8:24:13 AM
To: Ana McCollum (434) [ana.mccollum@prosperitybankusa.com]
CC: Alice Lee (434) [alice.lee@prosperitybankusa.com]; Bater Bates (438) [Bater.Bates@prosperitybankusa.com]; John Goodman [jg@goodmannetworks.net]; james . goodman [james.goodman@genesisset.com]
Subject: New signer on bank accounts - Prosperity
Attachments: Copy of Prosperity Bank - Commercial Onboarding Form.xlsx; DL-JohnGoodman.jpg; Goodman MBE Group GP LLC - Resolution and Approving ConsultingAgreement Executed.pdf; James Frinzi Resignation.pdf

Ana,

Attached are the documents to add John Goodman to our bank accounts. I've also included the resignation letter from James Frinzi, so that you can move forward with removing him from all of our accounts.

- Corporate Resolution
- Onboarding form (4 tabs completed)
- John Goodman's DL
- James Frinzi's resignation letter

I've copied James Goodman on this email, as I know that you'll be requesting approval/phone call with him to discuss. Please let me know if there is anything additional that you may need to get this completed.

Thanks,
Stephanie Elmore
817-688-8300
Consultant, Accounting
GOODMAN SOLUTIONS

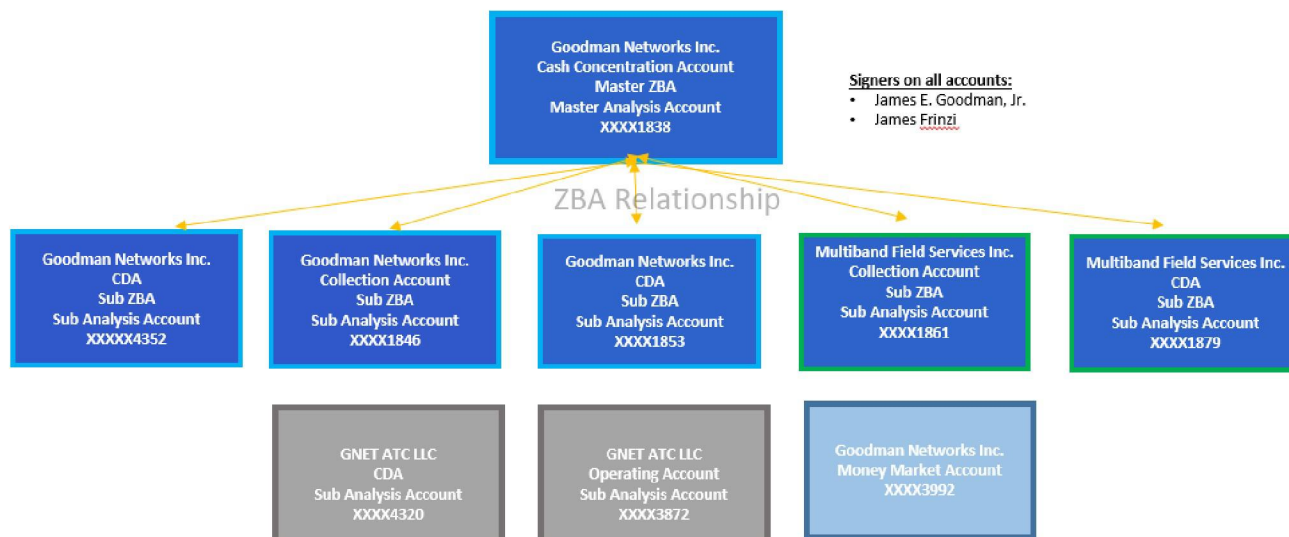
From: Ana McCollum (434) <ana.mccollum@prosperitybankusa.com>
Sent: Monday, September 12, 2022 5:07 PM
To: james.goodman <james.goodman@genesisset.com>
Cc: Alice Lee (434) <alice.lee@prosperitybankusa.com>; Bater Bates (438) <Bater.Bates@prosperitybankusa.com>; Stephanie Elmore <selmore@goodmannetworks.net>
Subject: RE: Goodman Networks - signer changes request

Good afternoon James,

Per my previous email regarding the request to make signer changes, below is a snapshot of the current accounts by legal entity. You and James Frinzi are signers on all accounts. If you would like to move forward with removing James Frinzi and add Jonathan, please see the next steps and information needed:

GOODMAN NETWORKS INCORPORATED

Deposit Accounts Relationship



Next Steps:

- Please provide a written consent from the board of each entity reflective of the authorization to remove James Frinzi
- Complete the attached onboarding form as follows:
 - Please complete one tab for each different entity
 - Please populate the business information for each entity and reflect the accounts number the same entity in the account subtitle line, for example for Goodman Networks Inc., there will be five accounts in the one tab.
 - Please populate your name as a signer.
 - We have everything of yours already. Simply write your name
 - Please populate the personal information for Jonathan and provide a copy of his driver's license.
- Unless the ownership has changed, the above should be all we need to make the changes.

Once I receive this information, I would like to schedule a call to determine who will replace James Frinzi as the lead administrator for the cash management portal.

Please let me know if I can answer any questions for you.

Regards,

Ana McCollum

Senior Vice President

Treasury Sales Services Officer

5949 Sherry Lane, Ste. 600

Dallas, Texas 75225

Phone: 214.217.7052

Mobile: 682.556.5222

Email: Ana.McCollum@Prosperitybankusa.com



From: Ana McCollum (434)

Sent: Friday, September 9, 2022 10:57 AM

To: Stephanie Elmore <selmore@goodmannetworks.net>; james.goodman <james.goodman@genesisnet.com>

Subject: RE: Goodman Networks

Hi Stephanie,

James Goodman will need to request this change and provide the legal document reflective of the need to remove James Frinzi.

I am copying him on here so he may reply.

Thanks.

Ana McCollum

Senior Vice President

Treasury Sales Services Officer

5949 Sherry Lane, Ste. 600

Dallas, Texas 75225

Phone: 214.217.7052

Mobile: 682.556.5222

Email: Ana.McCollum@Prosperitybankusa.com



From: Stephanie Elmore <selmore@goodmannetworks.net>

Sent: Friday, September 9, 2022 10:24 AM

To: Ana McCollum (434) <ana.mccollum@prosperitybankusa.com>

Subject: Goodman Networks

*****Security Note: EXTERNAL EMAIL - Please exercise caution
and DO NOT open attachments or click on links from unknown or unexpected emails.

Ana,

James Frinzi has resigned. What do we need to do to get him removed from our bank accounts? We will also need to add Jonathan Goodman to these accounts.



Stephanie Elmore

Consultant, Accounting

GOODMAN SOLUTIONS

This transmission may contain information that is privileged, confidential and or exempt from disclosure under applicable law. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or use of the information contained herein (including any reliance thereon) is STRICTLY PROHIBITED. If you received this

transmission in error, please immediately contact the sender and destroy the material in its entirety, whether in electronic or hard copy format. Thank you.



Commercial Account Onboarding Form

BUSINESS INFORMATION

Legal Business Name (include DBA):	Goodman Networks, Inc.		
Account Subtitle (i.e. Operating):	[REDACTED] 91838, [REDACTED] 91846, [REDACTED] 1853 [REDACTED] 54352, [REDACTED] 73992		
Business Type: Corp, GP, LP, LLC, LLP, PA, PC	Corp		
Tax ID:	74-2949460		
NAICS# (type of business):	Other Communications Equipment Manufacturing 334290		
Physical Address (No PO Boxes) for entity:	2831 Eldorado Pkwy, Ste. 103 #453		
City:	Frisco	State:	TX ZIP: 75033
Mailing Address (if different):	2831 Eldorado Pkwy, Ste. 103 #453 Frisco, TX 75033		
Business Contact Name:	John Goodman		
Business Email:	jg@goodmannetworks.net		
Business Phone:	210-323-6262	Fax:	n/a
Website:	n/a		
Business Account Type:	Business Analysis Checking		

Business Account Types Can be reviewed at: <https://www.prosperitybankusa.com/Business>

COMPLETE INFORMATION FOR EACH SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☒ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☒ No

If current signer, list name only.

First Name: James Middle: . Last: Goodman

Title (CEO, etc): CEO Email: jg@goodmannetworks.net

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? No

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No

Will you be using a facsimile signature? ☒ Yes ☐ No

If current signer, list name only.

First Name: John Middle: A. Last: Goodman

Title (CEO, etc): CEO Email: jg@goodmannetworks.net

Date of Birth (MM/DD/YY): 7/17/1967 Social Security / TIN: -3003

Driver's License Number: 5087 Expiration: 7/17/2030

Physical Address (No PO Boxes): 1008 Middle Creek Road

City: Fredericksburg State: TX ZIP: 78624

Issuing State of ID: Texas *Provide Current Copy of ID

Home Phone: 210-323-6262 Work: 210-323-6262

Mobile Phone: 210-323-6262 Debit Card Needed? No

Please provide a "secret word" for identification purposes when contacting the bank. 8622

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No

Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: No Middle: Last:

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:
Title (CEO, etc): Email:
Date of Birth (MM/DD/YY): Social Security / TIN:
Driver's License Number: Expiration:
Physical Address (No PO Boxes):
City: State: ZIP:
Issuing State of ID: *Provide Current Copy of ID
Home Phone: Work:
Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:
Title (CEO, etc): Email:
Date of Birth (MM/DD/YY): Social Security / TIN:
Driver's License Number: Expiration:
Physical Address (No PO Boxes):
City: State: ZIP:
Issuing State of ID: *Provide Current Copy of ID
Home Phone: Work:
Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:
Title (CEO, etc): Email:
Date of Birth (MM/DD/YY): Social Security / TIN:
Driver's License Number: Expiration:
Physical Address (No PO Boxes):
City: State: ZIP:
Issuing State of ID: *Provide Current Copy of ID
Home Phone: Work:
Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

SIGNERS POWERS - List the Signers name to the left of each power granted

Please note this only applies to depository accounts.

Indicate Signers Name(s)

Description of Power

John A. Goodman

(1) Exercise all of the powers listed below. (If you list a signer on this line, please do not list that signer for anything below as listing here grants the signer all of the powers below.)

NA

(2) Open any deposit or share account(s) in the name of the business.

NA

(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.

NA

(4) Borrow money on behalf and in the name of the Company, sign, execute and deliver promissory notes or other evidences of indebtedness.

NA

(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.

NA

(6) Enter into a written lease for the purpose of renting maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.

Beneficial Ownership Information

Name and Title of person opening account: _____

Does any individual directly or indirectly own 25% or more of this entity?

☐ Yes

☐ No

Does any other entity directly or indirectly own 25% or more of this entity?

☐ Yes

☐ No

*Please review with your Treasury Management Sales Representative to complete this section.
Please continue to list any known individuals that directly or indirectly own 25% or more of this entity.*

Provide the following information for each individual (if any) who directly or indirectly, through any contract, arrangement understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed.

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Provide information for one individual with significant responsibility for managing the legal entity listed.

- ☐ Any executive officer or senior manager (CEO, CFO, COO, Managing Member, General Partner, President, Vice President).
- ☐ Any other individual who regularly performs similar functions.

Name

Date of Birth:

Social Security / TIN:

Physical Address (No PO Boxes):

Driver's License Number:

State of Issuance:

Expiration:

OR, Passport Number:

Country Issued:

Expiration:

***Provide Current Copy of ID**

Required Supplies:

Duplicate Statements:

No

Checks or Deposit Slips:

No

*If above selection is yes select review Harland Product Guide



Check Product Code

Deposit Ticket Product Code

Name on Checks/Deposit Tickets

Address Checks/Deposit Tickets

Mailing Address (if different)

Quantity

Endorsement Stamp:

No

Endorsement Stamp Order Code:

Endorsement Stamp Text:

Other (Please Describe):

*If requesting checks or deposit tickets select the above icon to open the product guide, and obtain order codes.

Check and Supply orders have varied costs and order quantities vary by product type. Pricing and quantity will be confirmed prior to order placement.

Please tell us about your business:

Import/Export Business?

No

Business formed outside of the United States?

No

Who are your targeted customers?

National

Is the business a marijuana related business?

No

Is the business an administrator or exchanger of virtual currency?
(e.g. Bitcoin, Ethereum)

No

Do you issue or redeem Money Orders?

No

Do you issue or redeem Travelers Cheques?

No

Do you provide or sell Prepaid Access?

No

Do you exchange foreign currency for clients?

No

Do you cash checks for clients?

No

Do you transmit money for your clients?

No

Do you provide payment and/or merchant processing services on
behalf of your customers or act as a third party payments processor?

No

(this includes all monetary instruments)

Do you originate international ACH transactions?

No

Does your business knowingly use the internet to receive or send
information that could be used to place bets or facilitate in any
way the placing of bets?

No

Do you own, operate, or service ATM Machines?

No

If yes, please provide:

ATM Service Agreement.

Sources of funds being withdrawn.

The number of ATM machines, sizes, and location of each machine.

Currency delivery arrangement if applicable.

Do you have multiple locations?

No

If yes, how many?

Is the business seasonal?

No

If so, state the season.

What are the average collected balances in your business accounts?

Will you be depositing cash on a regular basis?

No

If so, how much?

Will you be making cash withdrawals on a regular basis?

No

Do you pay your clients by cash?

No

If so, why?

Do you anticipate sending or receiving domestic wire transfers?

Yes

Do you anticipate sending or receiving international wire transfers?

No

If so, from what countries?

BUSINESS ENTITY DOCUMENT CHECKLIST	
Business Type	Documents Needed
Sole Proprietor	<ul style="list-style-type: none"> Assumed Name Certificate
Corporation, Professional Association (PA), Professional Corporation (PC)	<ul style="list-style-type: none"> Certificate of Formation, Articles of Incorporation, Certificate of Incorporation, or Charter, and any amendments – copy of state filed document issued by the Secretary of State (Required for Corporation & PA). Board Minutes or Corporate Resolution provided by the entity (not in house resolution) if items listed in above bullet do not identify at least one signer. EIN/SS4 Franchise Tax Account Status must show "Active" Assumed Name Certificate if applicable Registration of Foreign Entity or Certificate of Authority, if applicable. Required for if filed outside of Texas.
General Partnership (State or County Filing) Joint Ventures	<ul style="list-style-type: none"> Assumed Name Certificate if applicable. Partnership Agreement if all partners are not identified in the state filed docs. EIN. Identification of General Partners. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Limited Partnership (State Filing)	<ul style="list-style-type: none"> Certificate of Formation of Limited Partnership or Certificate of Limited Partnership. Partnership Agreement if items listed in above bullet do not identify at least one signer. EIN / SS4 Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents. Registration of Foreign Entity or Certificate of Authority, if applicable. For Limited Partnership established outside of Texas.
Limited Liability Company (LLC) (State Filing) / Professional PLLC	<ul style="list-style-type: none"> Certificate of Formation, Certificate of LLC, or Articles of Organization. Operating Agreement if items listed in above bullet do not identify at least one signer. If the Manager/Member is a business or other entity (ex Trust), we need their filing documents. EIN (Single Member LLC may use member's SSN) Limited Liability Resolution (in house). Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. Registration of Foreign Entity or Certificate of Authority, if applicable. For LLCs established outside of Texas.
Limited Liability Partnership (State Filing)	<ul style="list-style-type: none"> Registration of Limited Liability Partnership – and copy of document filed with Secretary of State. Partnership Agreement if all partners are not identified in the state filed docs EIN/SS4 Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Unincorporated Entities Organizations Social/Recreational Clubs Civic Groups Non-Profit	<ul style="list-style-type: none"> EIN / SS4 Officer roster with address & phone numbers (optional). Minutes from meeting where signatories were named. Ruling or Determination Letter from IRS – (needed to setup as non-profit).

	Bank Use Only:	
	Account Officer Name:	
	New or Existing Customer:	
	Cost Center:	
	Completed By:	

End of Form



Commercial Account Onboarding Form

BUSINESS INFORMATION

Legal Business Name (include DBA):	Multiband Field Services, Inc.		
Account Subtitle (i.e. Operating):	[REDACTED] 1861, [REDACTED] 1879		
Business Type: Corp, GP, LP, LLC, LLP, PA, PC	Corp		
Tax ID:	61-1391746		
NAICS# (type of business):	Other Communications Equipment Manufacturing 334290		
Physical Address (No PO Boxes) for entity:	2831 Eldorado Pkwy, Ste. 103 #453		
City:	Frisco	State:	TX ZIP: 75033
Mailing Address (if different):	2831 Eldorado Pkwy, Ste. 103 #453 Frisco, TX 75033		
Business Contact Name:	John A. Goodman		
Business Email:	jg@goodmannetworks.net		
Business Phone:	210-323-6262	Fax:	n/a
Website:	n/a		
Business Account Type:	Business Analysis Checking		

Business Account Types Can be reviewed at: <https://www.prosperitybankusa.com/Business>

COMPLETE INFORMATION FOR EACH SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☒ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☒ No

If current signer, list name only.

First Name: James Middle: . Last: Goodman

Title (CEO, etc): CEO Email: jg@goodmannetworks.net

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? No

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER ☒ Yes ☐ No

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No

Will you be using a facsimile signature? ☒ Yes ☐ No

If current signer, list name only.

First Name: John Middle: A. Last: Goodman

Title (CEO, etc): CEO Email: jg@goodmannetworks.net

Date of Birth (MM/DD/YY): 7/17/1967 Social Security / TIN: -3003

Driver's License Number: 5087 Expiration: 7/17/2030

Physical Address (No PO Boxes): 1008 Middle Creek Road

City: Fredericksburg State: TX ZIP: 78624

Issuing State of ID: Texas *Provide Current Copy of ID

Home Phone: 210-323-6262 Work: 210-323-6262

Mobile Phone: 210-323-6262 Debit Card Needed? NO

Please provide a "secret word" for identification purposes when contacting the bank. 8622

ADDITIONAL SIGNER ☐ Yes ☒ No

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?
Please provide a "secret word" for identification purposes when contacting the bank. _____

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?
Please provide a "secret word" for identification purposes when contacting the bank. _____

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?
Please provide a "secret word" for identification purposes when contacting the bank. _____

SIGNERS POWERS - List the Signers name to the left of each power granted

Please note this only applies to depository accounts.

Indicate Signers Name(s)

Description of Power

John A. Goodman

(1) Exercise all of the powers listed below. (If you list a signer on this line, please do not list that signer for anything below as listing here grants the signer all of the powers below.)

NA

(2) Open any deposit or share account(s) in the name of the business.

NA

(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.

NA

(4) Borrow money on behalf and in the name of the Company, sign, execute and deliver promissory notes or other evidences of indebtedness.

NA

(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.

NA

(6) Enter into a written lease for the purpose of renting maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.

Beneficial Ownership Information

Name and Title of person opening account: _____

Does any individual directly or indirectly own 25% or more of this entity?

☐ Yes

☐ No

Does any other entity directly or indirectly own 25% or more of this entity?

☐ Yes


☐ No

*Please review with your Treasury Management Sales Representative to complete this section.
Please continue to list any known individuals that directly or indirectly own 25% or more of this entity.*

Provide the following information for each individual (if any) who directly or indirectly, through any contract, arrangement understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed.


% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner?  ☐ Yes ☐ No


% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner?  ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner?  ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Provide information for one individual with significant responsibility for managing the legal entity listed.

- ☐ Any executive officer or senior manager (CEO, CFO, COO, Managing Member, General Partner, President, Vice President).
- ☐ Any other individual who regularly performs similar functions.

Name			
Date of Birth:		Social Security / TIN:	
Physical Address (No PO Boxes):			
Driver's License Number:	State of Issuance:	Expiration:	
OR, Passport Number:	Country Issued:	Expiration:	

***Provide Current Copy of ID**

Required Supplies:

Duplicate Statements:	No
Checks or Deposit Slips:	No

*If above selection is yes select review Harland Product Guide



Check Product Code	
Deposit Ticket Product Code	
Name on Checks/Deposit Tickets	
Address Checks/Deposit Tickets	
Mailing Address (if different)	
Quantity	
Endorsement Stamp:	No
Endorsement Stamp Order Code:	
Endorsement Stamp Text:	
Other (Please Describe):	

*If requesting checks or deposit tickets select the above icon to open the product guide, and obtain order codes.

Check and Supply orders have varied costs and order quantities vary by product type. Pricing and quantity will be confirmed prior to order placement.

Please tell us about your business:

Import/Export Business?	No
Business formed outside of the United States?	No
Who are your targeted customers?	National
Is the business a marijuana related business?	No
Is the business an administrator or exchanger of virtual currency? (e.g. Bitcoin, Ethereum)	No
Do you issue or redeem Money Orders?	No
Do you issue or redeem Travelers Cheques?	No
Do you provide or sell Prepaid Access?	No
Do you exchange foreign currency for clients?	No
Do you cash checks for clients?	No
Do you transmit money for your clients?	No
Do you provide payment and/or merchant processing services on behalf of your customers or act as a third party payments processor? (this includes all monetary instruments)	No
Do you originate international ACH transactions?	No
Does your business knowingly use the internet to receive or send information that could be used to place bets or facilitate in any way the placing of bets?	No
Do you own, operate, or service ATM Machines?	No
If yes, please provide:	
ATM Service Agreement.	
Sources of funds being withdrawn.	
The number of ATM machines, sizes, and location of each machine.	
Currency delivery arrangement if applicable.	
Do you have multiple locations?	No
If yes, how many?	
Is the business seasonal?	No
If so, state the season.	
What are the average collected balances in your business accounts?	
Will you be depositing cash on a regular basis?	No
If so, how much?	
Will you be making cash withdrawals on a regular basis?	No
Do you pay your clients by cash?	No
If so, why?	
Do you anticipate sending or receiving domestic wire transfers?	Yes
Do you anticipate sending or receiving international wire transfers?	No
If so, from what countries?	

BUSINESS ENTITY DOCUMENT CHECKLIST	
Business Type	Documents Needed
Sole Proprietor	<ul style="list-style-type: none"> Assumed Name Certificate
Corporation, Professional Association (PA), Professional Corporation (PC)	<ul style="list-style-type: none"> Certificate of Formation, Articles of Incorporation, Certificate of Incorporation, or Charter, and any amendments – copy of state filed document issued by the Secretary of State (Required for Corporation & PA). Board Minutes or Corporate Resolution provided by the entity (not in house resolution) if items listed in above bullet do not identify at least one signer. EIN/SS4 Franchise Tax Account Status must show "Active" Assumed Name Certificate if applicable Registration of Foreign Entity or Certificate of Authority, if applicable. Required for if filed outside of Texas.
General Partnership (State or County Filing) Joint Ventures	<ul style="list-style-type: none"> Assumed Name Certificate if applicable. Partnership Agreement if all partners are not identified in the state filed docs. EIN. Identification of General Partners. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Limited Partnership (State Filing)	<ul style="list-style-type: none"> Certificate of Formation of Limited Partnership or Certificate of Limited Partnership. Partnership Agreement if items listed in above bullet do not identify at least one signer. EIN / SS4 Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents. Registration of Foreign Entity or Certificate of Authority, if applicable. For Limited Partnership established outside of Texas.
Limited Liability Company (LLC) (State Filing) / Professional PLLC	<ul style="list-style-type: none"> Certificate of Formation, Certificate of LLC, or Articles of Organization. Operating Agreement if items listed in above bullet do not identify at least one signer. If the Manager/Member is a business or other entity (ex Trust), we need their filing documents. EIN (Single Member LLC may use member's SSN) Limited Liability Resolution (in house). Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. Registration of Foreign Entity or Certificate of Authority, if applicable. For LLCs established outside of Texas.
Limited Liability Partnership (State Filing)	<ul style="list-style-type: none"> Registration of Limited Liability Partnership – and copy of document filed with Secretary of State. Partnership Agreement if all partners are not identified in the state filed docs EIN/SS4 Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Unincorporated Entities Organizations Social/Recreational Clubs Civic Groups Non-Profit	<ul style="list-style-type: none"> EIN / SS4 Officer roster with address & phone numbers (optional). Minutes from meeting where signatories were named. Ruling or Determination Letter from IRS – (needed to setup as non-profit).

	Bank Use Only:	
	Account Officer Name:	
	New or Existing Customer:	
	Cost Center:	
	Completed By:	
End of Form		



Commercial Account Onboarding Form

BUSINESS INFORMATION

Legal Business Name (include DBA):	GNET ATC LLC		
Account Subtitle (i.e. Operating):	[REDACTED] 3872, [REDACTED] 54320		
Business Type: Corp, GP, LP, LLC, LLP, PA, PC	LLC		
Tax ID:	84-2795422		
NAICS# (type of business):	Other Communications Equipment Manufacturing 334290		
Physical Address (No PO Boxes) for entity:	2831 Eldorado Pkwy, Ste. 103 #453		
City:	Frisco	State:	TX ZIP: 75033
Mailing Address (if different):	2831 Eldorado Pkwy, Ste. 103 #453 Frisco, TX 75033		
Business Contact Name:	John A. Goodman		
Business Email:	jg@goodmannetworks.net		
Business Phone:	210-323-6262	Fax:	n/a
Website:	n/a		
Business Account Type:	Business Analysis Checking		

Business Account Types Can be reviewed at: <https://www.prosperitybankusa.com/Business>

COMPLETE INFORMATION FOR EACH SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☒ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☒ No

If current signer, list name only.

First Name: James Middle: . Last: Goodman

Title (CEO, etc): CEO Email: jg@goodmannetworks.net

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? No

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No

Will you be using a facsimile signature? ☒ Yes ☐ No

If current signer, list name only.

First Name: John Middle: A. Last: Goodman

Title (CEO, etc): CEO Email: jg@goodmannetworks.net

Date of Birth (MM/DD/YY): 7/17/1967 Social Security / TIN: -3003

Driver's License Number: 5087 Expiration: 7/17/2030

Physical Address (No PO Boxes): 1008 Middle Creek Road

City: Fredericksburg State: TX ZIP: 78624

Issuing State of ID: Texas *Provide Current Copy of ID

Home Phone: 210-323-6262 Work: 210-323-6262

Mobile Phone: 210-323-6262 Debit Card Needed? No

Please provide a "secret word" for identification purposes when contacting the bank. 8622

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No

Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?

Please provide a "secret word" for identification purposes when contacting the bank. _____

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?

Please provide a "secret word" for identification purposes when contacting the bank. _____

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?

Please provide a "secret word" for identification purposes when contacting the bank. _____

SIGNERS POWERS - List the Signers name to the left of each power granted

Please note this only applies to depository accounts.

Indicate Signers Name(s)

Description of Power

John A. Goodman

(1) Exercise all of the powers listed below. (If you list a signer on this line, please do not list that signer for anything below as listing here grants the signer all of the powers below.)

NA

(2) Open any deposit or share account(s) in the name of the business.

NA

(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.

NA

(4) Borrow money on behalf and in the name of the Company, sign, execute and deliver promissory notes or other evidences of indebtedness.

NA

(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.

NA

(6) Enter into a written lease for the purpose of renting maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.

Beneficial Ownership Information

Name and Title of person opening account: _____

Does any individual directly or indirectly own 25% or more of this entity?

☐ Yes

☐ No

Does any other entity directly or indirectly own 25% or more of this entity?

☐ Yes

☐ No

*Please review with your Treasury Management Sales Representative to complete this section.
Please continue to list any known individuals that directly or indirectly own 25% or more of this entity.*

Provide the following information for each individual (if any) who directly or indirectly, through any contract, arrangement understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed.

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Provide information for one individual with significant responsibility for managing the legal entity listed.

- ☐ Any executive officer or senior manager (CEO, CFO, COO, Managing Member, General Partner, President, Vice President).
- ☐ Any other individual who regularly performs similar functions.

Name			
Date of Birth:	Social Security / TIN:		
Physical Address (No PO Boxes):			
Driver's License Number:	State of Issuance:	Expiration:	
OR, Passport Number:	Country Issued:	Expiration:	

***Provide Current Copy of ID**

Required Supplies:

Duplicate Statements:	No
Checks or Deposit Slips:	No

*If above selection is yes select review Harland Product Guide



Check Product Code	
Deposit Ticket Product Code	
Name on Checks/Deposit Tickets	
Address Checks/Deposit Tickets	
Mailing Address (if different)	
Quantity	
Endorsement Stamp:	No
Endorsement Stamp Order Code:	
Endorsement Stamp Text:	
Other (Please Describe):	

*If requesting checks or deposit tickets select the above icon to open the product guide, and obtain order codes.

Check and Supply orders have varied costs and order quantities vary by product type. Pricing and quantity will be confirmed prior to order placement.

Please tell us about your business:

Import/Export Business?

No

Business formed outside of the United States?

No

Who are your targeted customers?

National

Is the business a marijuana related business?

No

Is the business an administrator or exchanger of virtual currency?
(e.g. Bitcoin, Ethereum)

No

Do you issue or redeem Money Orders?

No

Do you issue or redeem Travelers Cheques?

No

Do you provide or sell Prepaid Access?

No

Do you exchange foreign currency for clients?

No

Do you cash checks for clients?

No

Do you transmit money for your clients?

No

Do you provide payment and/or merchant processing services on
behalf of your customers or act as a third party payments processor?

No

(this includes all monetary instruments)

Do you originate international ACH transactions?

No

Does your business knowingly use the internet to receive or send
information that could be used to place bets or facilitate in any
way the placing of bets?

No

Do you own, operate, or service ATM Machines?

No

If yes, please provide:

ATM Service Agreement.

Sources of funds being withdrawn.

The number of ATM machines, sizes, and location of each machine.

Currency delivery arrangement if applicable.

Do you have multiple locations?

No

If yes, how many?

Is the business seasonal?

No

If so, state the season.

What are the average collected balances in your business accounts?

Will you be depositing cash on a regular basis?

No

If so, how much?

Will you be making cash withdrawals on a regular basis?

No

Do you pay your clients by cash?

No

If so, why?

Do you anticipate sending or receiving domestic wire transfers?

Yes

Do you anticipate sending or receiving international wire transfers?

No

If so, from what countries?

BUSINESS ENTITY DOCUMENT CHECKLIST

Business Type	Documents Needed
Sole Proprietor	<ul style="list-style-type: none"> Assumed Name Certificate
Corporation, Professional Association (PA), Professional Corporation (PC)	<ul style="list-style-type: none"> Certificate of Formation, Articles of Incorporation, Certificate of Incorporation, or Charter, and any amendments – copy of state filed document issued by the Secretary of State (Required for Corporation & PA). Board Minutes or Corporate Resolution provided by the entity (not in house resolution) if items listed in above bullet do not identify at least one signer. EIN/SS4 Franchise Tax Account Status must show "Active" Assumed Name Certificate if applicable Registration of Foreign Entity or Certificate of Authority, if applicable. Required for if filed outside of Texas.
General Partnership (State or County Filing) Joint Ventures	<ul style="list-style-type: none"> Assumed Name Certificate if applicable. Partnership Agreement if all partners are not identified in the state filed docs. EIN. Identification of General Partners. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Limited Partnership (State Filing)	<ul style="list-style-type: none"> Certificate of Formation of Limited Partnership or Certificate of Limited Partnership. Partnership Agreement if items listed in above bullet do not identify at least one signer. EIN / SS4 Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents. Registration of Foreign Entity or Certificate of Authority, if applicable. For Limited Partnership established outside of Texas.
Limited Liability Company (LLC) (State Filing) / Professional PLLC	<ul style="list-style-type: none"> Certificate of Formation, Certificate of LLC, or Articles of Organization. Operating Agreement if items listed in above bullet do not identify at least one signer. If the Manager/Member is a business or other entity (ex Trust), we need their filing documents. EIN (Single Member LLC may use member's SSN) Limited Liability Resolution (in house). Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. Registration of Foreign Entity or Certificate of Authority, if applicable. For LLCs established outside of Texas.
Limited Liability Partnership (State Filing)	<ul style="list-style-type: none"> Registration of Limited Liability Partnership – and copy of document filed with Secretary of State. Partnership Agreement if all partners are not identified in the state filed docs EIN/SS4 Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Unincorporated Entities Organizations Social/Recreational Clubs Civic Groups Non-Profit	<ul style="list-style-type: none"> EIN / SS4 Officer roster with address & phone numbers (optional). Minutes from meeting where signatories were named. Ruling or Determination Letter from IRS – (needed to setup as non-profit).

	Bank Use Only:	
	Account Officer Name:	
	New or Existing Customer:	
	Cost Center:	
	Completed By:	

End of Form



Commercial Account Onboarding Form

BUSINESS INFORMATION

Legal Business Name (include DBA):	Goodman Networks Services, LLC		
Account Subtitle (i.e. Operating):	70191887		
Business Type: Corp, GP, LP, LLC, LLP, PA, PC	LLC		
Tax ID:	46-5158389		
NAICS# (type of business):	Other Communications Equipment Manufacturing 334290		
Physical Address (No PO Boxes) for entity:	2831 Eldorado Pkwy, Ste. 103 #453		
City:	Frisco	State:	TX ZIP: 75033
Mailing Address (if different):	2831 Eldorado Pkwy, Ste. 103 #453 Frisco, TX 75033		
Business Contact Name:	John A. Goodman		
Business Email:	jg@goodmannetworks.net		
Business Phone:	210-323-6262	Fax:	n/a
Website:	n/a		
Business Account Type:	Business Analysis Checking		

Business Account Types Can be reviewed at: <https://www.prosperitybankusa.com/Business>

COMPLETE INFORMATION FOR EACH SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☒ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☒ No

If current signer, list name only.

First Name: James Middle: . Last: Goodman

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? No

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER ☒ Yes ☐ No

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No

Will you be using a facsimile signature? ☒ Yes ☐ No

If current signer, list name only.

First Name: John Middle: A. Last: Goodman

Title (CEO, etc): CEO Email: jg@goodmannetworks.net

Date of Birth (MM/DD/YY): 7/17/1967 Social Security / TIN: 3003

Driver's License Number: 5087 Expiration: 7/17/2030

Physical Address (No PO Boxes): 1008 Middle Creek Road

City: Fredericksburg State: TX ZIP: 78624

Issuing State of ID: Texas *Provide Current Copy of ID

Home Phone: 210-323-6262 Work: 210-323-6262

Mobile Phone: 210-323-6262 Debit Card Needed? No

Please provide a "secret word" for identification purposes when contacting the bank. 8622

ADDITIONAL SIGNER ☐ Yes ☒ No

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?
Please provide a "secret word" for identification purposes when contacting the bank. _____

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?
Please provide a "secret word" for identification purposes when contacting the bank. _____

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☒ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?
Please provide a "secret word" for identification purposes when contacting the bank. _____

SIGNERS POWERS - List the Signers name to the left of each power granted

Please note this only applies to depository accounts.

Indicate Signers Name(s)

Description of Power

John A. Goodman

(1) Exercise all of the powers listed below. (If you list a signer on this line, please do not list that signer for anything below as listing here grants the signer all of the powers below.)

NA

(2) Open any deposit or share account(s) in the name of the business.

NA

(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.

NA

(4) Borrow money on behalf and in the name of the Company, sign, execute and deliver promissory notes or other evidences of indebtedness.

NA

(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.

NA

(6) Enter into a written lease for the purpose of renting maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.

Beneficial Ownership Information

Name and Title of person opening account: _____

Does any individual directly or indirectly own 25% or more of this entity?

☐ Yes

☐ No

Does any other entity directly or indirectly own 25% or more of this entity?

☐ Yes

☐ No

*Please review with your Treasury Management Sales Representative to complete this section.
Please continue to list any known individuals that directly or indirectly own 25% or more of this entity.*

Provide the following information for each individual (if any) who directly or indirectly, through any contract, arrangement understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed.

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR, Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR, Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR, Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR, Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Provide information for one individual with significant responsibility for managing the legal entity listed.

- ☐ Any executive officer or senior manager (CEO, CFO, COO, Managing Member, General Partner, President, Vice President).
- ☐ Any other individual who regularly performs similar functions.

Name			
Date of Birth:	Social Security / TIN:		
Physical Address (No PO Boxes):			
Driver's License Number:	State of Issuance:	Expiration:	
OR, Passport Number:	Country Issued:	Expiration:	

*Provide Current Copy of ID

Required Supplies:

Duplicate Statements:	No
Checks or Deposit Slips:	No

*If above selection is yes select review Harland Product Guide



Check Product Code	
Deposit Ticket Product Code	
Name on Checks/Deposit Tickets	
Address Checks/Deposit Tickets	
Mailing Address (if different)	
Quantity	
Endorsement Stamp:	No
Endorsement Stamp Order Code:	
Endorsement Stamp Text:	
Other (Please Describe):	

*If requesting checks or deposit tickets select the above icon to open the product guide, and obtain order codes.

Check and Supply orders have varied costs and order quantities vary by product type. Pricing and quantity will be confirmed prior to order placement.

Please tell us about your business:

Import/Export Business?	No
Business formed outside of the United States?	No
Who are your targeted customers?	National
Is the business a marijuana related business?	No
Is the business an administrator or exchanger of virtual currency? (e.g. Bitcoin, Ethereum)	No
Do you issue or redeem Money Orders?	No
Do you issue or redeem Travelers Cheques?	No
Do you provide or sell Prepaid Access?	No
Do you exchange foreign currency for clients?	No
Do you cash checks for clients?	No
Do you transmit money for your clients?	No
Do you provide payment and/or merchant processing services on behalf of your customers or act as a third party payments processor? (this includes all monetary instruments)	No
Do you originate international ACH transactions?	No
Does your business knowingly use the internet to receive or send information that could be used to place bets or facilitate in any way the placing of bets?	No
Do you own, operate, or service ATM Machines? If yes, please provide: ATM Service Agreement. Sources of funds being withdrawn. The number of ATM machines, sizes, and location of each machine. Currency delivery arrangement if applicable.	No
Do you have multiple locations? If yes, how many?	No
Is the business seasonal? If so, state the season.	No
What are the average collected balances in your business accounts?	
Will you be depositing cash on a regular basis? If so, how much?	No
Will you be making cash withdrawals on a regular basis?	No
Do you pay your clients by cash? If so, why?	No
Do you anticipate sending or receiving domestic wire transfers?	Yes
Do you anticipate sending or receiving international wire transfers? If so, from what countries?	No

BUSINESS ENTITY DOCUMENT CHECKLIST

Business Type	Documents Needed
Sole Proprietor	<ul style="list-style-type: none"> Assumed Name Certificate
Corporation, Professional Association (PA), Professional Corporation (PC)	<ul style="list-style-type: none"> Certificate of Formation, Articles of Incorporation, Certificate of Incorporation, or Charter, and any amendments – copy of state filed document issued by the Secretary of State (Required for Corporation & PA). Board Minutes or Corporate Resolution provided by the entity (not in house resolution) if items listed in above bullet do not identify at least one signer. EIN/SS4 Franchise Tax Account Status must show "Active" Assumed Name Certificate if applicable Registration of Foreign Entity or Certificate of Authority, if applicable. Required for if filed outside of Texas.
General Partnership (State or County Filing) Joint Ventures	<ul style="list-style-type: none"> Assumed Name Certificate if applicable. Partnership Agreement if all partners are not identified in the state filed docs. EIN. Identification of General Partners. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Limited Partnership (State Filing)	<ul style="list-style-type: none"> Certificate of Formation of Limited Partnership or Certificate of Limited Partnership. Partnership Agreement if items listed in above bullet do not identify at least one signer. EIN / SS4 Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents. Registration of Foreign Entity or Certificate of Authority, if applicable. For Limited Partnership established outside of Texas.
Limited Liability Company (LLC) (State Filing) / Professional PLLC	<ul style="list-style-type: none"> Certificate of Formation, Certificate of LLC, or Articles of Organization. Operating Agreement if items listed in above bullet do not identify at least one signer. If the Manager/Member is a business or other entity (ex Trust), we need their filing documents. EIN (Single Member LLC may use member's SSN) Limited Liability Resolution (in house). Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. Registration of Foreign Entity or Certificate of Authority, if applicable. For LLCs established outside of Texas.
Limited Liability Partnership (State Filing)	<ul style="list-style-type: none"> Registration of Limited Liability Partnership – and copy of document filed with Secretary of State. Partnership Agreement if all partners are not identified in the state filed docs EIN/SS4 Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Unincorporated Entities Organizations Social/Recreational Clubs Civic Groups Non-Profit	<ul style="list-style-type: none"> EIN / SS4 Officer roster with address & phone numbers (optional). Minutes from meeting where signatories were named. Ruling or Determination Letter from IRS – (needed to setup as non-profit).

	Bank Use Only:	
	Account Officer Name:	
	New or Existing Customer:	
	Cost Center:	
	Completed By:	
End of Form		



Commercial Account Onboarding Form

BUSINESS INFORMATION

Legal Business Name (include DBA):

Account Subtitle (i.e. Operating):

Business Type: Corp, GP, LP, LLC, LLP, PA, PC

Tax ID:

NAICS# (type of business):

Select NAICS Code from Dropdown

Physical Address (No PO Boxes) for entity:

City:

State:

ZIP:

Mailing Address (if different):

Business Contact Name:

Business Email:

Business Phone:

Fax:

Website:

Business Account Type:

Make Selection

Business Account Types Can be reviewed at: <https://www.prosperitybankusa.com/Business>

COMPLETE INFORMATION FOR EACH SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? No

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?

Please provide a "secret word" for identification purposes when contacting the bank. _____

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?

Please provide a "secret word" for identification purposes when contacting the bank. _____

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No
Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: _____ Middle: _____ Last: _____
Title (CEO, etc): _____ Email: _____
Date of Birth (MM/DD/YY): _____ Social Security / TIN: _____
Driver's License Number: _____ Expiration: _____
Physical Address (No PO Boxes): _____
City: _____ State: _____ ZIP: _____
Issuing State of ID: _____ *Provide Current Copy of ID
Home Phone: _____ Work: _____
Mobile Phone: _____ Debit Card Needed?

Please provide a "secret word" for identification purposes when contacting the bank. _____

SIGNERS POWERS - List the Signers name to the left of each power granted

Please note this only applies to depository accounts.

Indicate Signers Name(s)

Description of Power

(1) Exercise all of the powers listed below. (If you list a signer on this line, please do not list that signer for anything below as listing here grants the signer all of the powers below.)

NA

(2) Open any deposit or share account(s) in the name of the business.

NA

(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.

NA

(4) Borrow money on behalf and in the name of the Company, sign, execute and deliver promissory notes or other evidences of indebtedness.

NA

(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.

NA

(6) Enter into a written lease for the purpose of renting maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.

Beneficial Ownership Information

Name and Title of person opening account: _____

Does any individual directly or indirectly own 25% or more of this entity?

☐ Yes

☐ No

Does any other entity directly or indirectly own 25% or more of this entity?

☐ Yes

☐ No

*Please review with your Treasury Management Sales Representative to complete this section.
Please continue to list any known individuals that directly or indirectly own 25% or more of this entity.*

Provide the following information for each individual (if any) who directly or indirectly, through any contract, arrangement understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed.

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner? ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Provide information for one individual with significant responsibility for managing the legal entity listed.

- ☐ Any executive officer or senior manager (CEO, CFO, COO, Managing Member, General Partner, President, Vice President).
- ☐ Any other individual who regularly performs similar functions.

Name			
Date of Birth:	Social Security / TIN:		
Physical Address (No PO Boxes):			
Driver's License Number:	State of Issuance:	Expiration:	
OR, Passport Number:	Country Issued:	Expiration:	

*Provide Current Copy of ID

Required Supplies:

Duplicate Statements:	Make Selection
Checks or Deposit Slips:	Make Selection

*If above selection is yes select review Harland Product Guide



Check Product Code	
Deposit Ticket Product Code	
Name on Checks/Deposit Tickets	
Address Checks/Deposit Tickets	
Mailing Address (if different)	
Quantity	
Endorsement Stamp:	Make Selection
Endorsement Stamp Order Code:	
Endorsement Stamp Text:	
Other (Please Describe):	

*If requesting checks or deposit tickets select the above icon to open the product guide, and obtain order codes.

Check and Supply orders have varied costs and order quantities vary by product type. Pricing and quantity will be confirmed prior to order placement.

Please tell us about your business:

Import/Export Business?

Make Selection

Business formed outside of the United States?

Make Selection

Who are your targeted customers?

Make Selection

Is the business a marijuana related business?

Make Selection

Is the business an administrator or exchanger of virtual currency?
(e.g. Bitcoin, Ethereum)

Make Selection

Do you issue or redeem Money Orders?

Make Selection

Do you issue or redeem Travelers Cheques?

Make Selection

Do you provide or sell Prepaid Access?

Make Selection

Do you exchange foreign currency for clients?

Make Selection

Do you cash checks for clients?

Make Selection

Do you transmit money for your clients?

Make Selection

Do you provide payment and/or merchant processing services on
behalf of your customers or act as a third party payments processor?
(this includes all monetary instruments)

Make Selection

Do you originate international ACH transactions?

Make Selection

Does your business knowingly use the internet to receive or send
information that could be used to place bets or facilitate in any
way the placing of bets?

Make Selection

Do you own, operate, or service ATM Machines?

Make Selection

If yes, please provide:

ATM Service Agreement.

Sources of funds being withdrawn.

The number of ATM machines, sizes, and location of each machine.

Currency delivery arrangement if applicable.

Do you have multiple locations?

Make Selection

If yes, how many?

Is the business seasonal?

Make Selection

If so, state the season.

What are the average collected balances in your business accounts?

Will you be depositing cash on a regular basis?

Make Selection

If so, how much?

Will you be making cash withdrawals on a regular basis?

Make Selection

Do you pay your clients by cash?

Make Selection

If so, why?

Do you anticipate sending or receiving domestic wire transfers?

Make Selection

Do you anticipate sending or receiving international wire transfers?

Make Selection

If so, from what countries?

BUSINESS ENTITY DOCUMENT CHECKLIST	
Business Type	Documents Needed
Sole Proprietor	<ul style="list-style-type: none"> Assumed Name Certificate
Corporation, Professional Association (PA), Professional Corporation (PC)	<ul style="list-style-type: none"> Certificate of Formation, Articles of Incorporation, Certificate of Incorporation, or Charter, and any amendments – copy of state filed document issued by the Secretary of State (Required for Corporation & PA). Board Minutes or Corporate Resolution provided by the entity (not in house resolution) if items listed in above bullet do not identify at least one signer. EIN/SS4 Franchise Tax Account Status must show "Active" Assumed Name Certificate if applicable Registration of Foreign Entity or Certificate of Authority, if applicable. Required for if filed outside of Texas.
General Partnership (State or County Filing) Joint Ventures	<ul style="list-style-type: none"> Assumed Name Certificate if applicable. Partnership Agreement if all partners are not identified in the state filed docs. EIN. Identification of General Partners. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Limited Partnership (State Filing)	<ul style="list-style-type: none"> Certificate of Formation of Limited Partnership or Certificate of Limited Partnership. Partnership Agreement if items listed in above bullet do not identify at least one signer. EIN / SS4 Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents. Registration of Foreign Entity or Certificate of Authority, if applicable. For Limited Partnership established outside of Texas.
Limited Liability Company (LLC) (State Filing) / Professional PLLC	<ul style="list-style-type: none"> Certificate of Formation, Certificate of LLC, or Articles of Organization. Operating Agreement if items listed in above bullet do not identify at least one signer. If the Manager/Member is a business or other entity (ex Trust), we need their filing documents. EIN (Single Member LLC may use member's SSN) Limited Liability Resolution (in house). Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. Registration of Foreign Entity or Certificate of Authority, if applicable. For LLCs established outside of Texas.
Limited Liability Partnership (State Filing)	<ul style="list-style-type: none"> Registration of Limited Liability Partnership – and copy of document filed with Secretary of State. Partnership Agreement if all partners are not identified in the state filed docs EIN/SS4 Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Unincorporated Entities Organizations Social/Recreational Clubs Civic Groups Non-Profit	<ul style="list-style-type: none"> EIN / SS4 Officer roster with address & phone numbers (optional). Minutes from meeting where signatories were named. Ruling or Determination Letter from IRS – (needed to setup as non-profit).

	Bank Use Only:	
	Account Officer Name:	
	New or Existing Customer:	
	Cost Center:	
	Completed By:	

End of Form



Commercial Account Onboarding Form

BUSINESS INFORMATION

Legal Business Name (include DBA):

Account Subtitle (i.e. Operating):

Business Type: Corp, GP, LP, LLC, LLP, PA, PC

Tax ID:

NAICS# (type of business):

Select NAICS Code from Dropdown

Physical Address (No PO Boxes) for entity:

City:

State:

ZIP:

Mailing Address (if different):

Business Contact Name:

Business Email:

Business Phone:

Fax:

Website:

Business Account Type:

Make Selection

Business Account Types Can be reviewed at: <https://www.prosperitybankusa.com/Business>

COMPLETE INFORMATION FOR EACH SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? No

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER

Is this signer a current signer on other Prosperity Bank accounts? ☐ Yes ☐ No

Will you be using a facsimile signature? ☐ Yes ☐ No

If current signer, list name only.

First Name: Middle: Last:

Title (CEO, etc): Email:

Date of Birth (MM/DD/YY): Social Security / TIN:

Driver's License Number: Expiration:

Physical Address (No PO Boxes):

City: State: ZIP:

Issuing State of ID: *Provide Current Copy of ID

Home Phone: Work:

Mobile Phone: Debit Card Needed? Make Selection

Please provide a "secret word" for identification purposes when contacting the bank.

ADDITIONAL SIGNER _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this signer a current signer on other Prosperity Bank accounts? _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you be using a facsimile signature? _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If current signer, list name only.					
First Name:	_____	Middle:	_____	Last:	_____
Title (CEO, etc):	_____	Email:	_____		
Date of Birth (MM/DD/YY):	_____	Social Security / TIN:	_____		
Driver's License Number:	_____	Expiration:	_____		
Physical Address (No PO Boxes): _____					
City:	_____	State:	_____	ZIP:	_____
Issuing State of ID:	_____	*Provide Current Copy of ID			
Home Phone:	_____	Work:	_____		
Mobile Phone:	_____	Debit Card Needed?	Make Selection		
Please provide a "secret word" for identification purposes when contacting the bank. _____					

ADDITIONAL SIGNER _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this signer a current signer on other Prosperity Bank accounts? _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you be using a facsimile signature? _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If current signer, list name only.					
First Name:	_____	Middle:	_____	Last:	_____
Title (CEO, etc):	_____	Email:	_____		
Date of Birth (MM/DD/YY):	_____	Social Security / TIN:	_____		
Driver's License Number:	_____	Expiration:	_____		
Physical Address (No PO Boxes): _____					
City:	_____	State:	_____	ZIP:	_____
Issuing State of ID:	_____	*Provide Current Copy of ID			
Home Phone:	_____	Work:	_____		
Mobile Phone:	_____	Debit Card Needed?	Make Selection		
Please provide a "secret word" for identification purposes when contacting the bank. _____					

ADDITIONAL SIGNER _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Is this signer a current signer on other Prosperity Bank accounts? _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
Will you be using a facsimile signature? _____			<input type="checkbox"/> Yes	<input type="checkbox"/> No	
If current signer, list name only.					
First Name:	_____	Middle:	_____	Last:	_____
Title (CEO, etc):	_____	Email:	_____		
Date of Birth (MM/DD/YY):	_____	Social Security / TIN:	_____		
Driver's License Number:	_____	Expiration:	_____		
Physical Address (No PO Boxes): _____					
City:	_____	State:	_____	ZIP:	_____
Issuing State of ID:	_____	*Provide Current Copy of ID			
Home Phone:	_____	Work:	_____		
Mobile Phone:	_____	Debit Card Needed?	Make Selection		
Please provide a "secret word" for identification purposes when contacting the bank. _____					

SIGNERS POWERS - List the Signers name to the left of each power granted

Please note this only applies to depository accounts.

Indicate Signers Name(s)

Description of Power

(1) Exercise all of the powers listed below. (If you list a signer on this line, please do not list that signer for anything below as listing here grants the signer all of the powers below.)

NA

(2) Open any deposit or share account(s) in the name of the business.

NA

(3) Endorse checks and orders for the payment of money or otherwise withdraw or transfer funds on deposit with this Financial Institution.

NA

(4) Borrow money on behalf and in the name of the Company, sign, execute and deliver promissory notes or other evidences of indebtedness.

NA

(5) Endorse, assign, transfer, mortgage or pledge bills receivable, warehouse receipts, bills of lading, stocks, bonds, real estate or other property now owned or hereafter owned or acquired by the Company as security for sums borrowed, and to discount the same, unconditionally guarantee payment of all bills received, negotiated or discounted and to waive demand, presentment, protest, notice of protest and notice of non-payment.

NA

(6) Enter into a written lease for the purpose of renting maintaining, accessing and terminating a Safe Deposit Box in this Financial Institution.

Beneficial Ownership Information

Name and Title of person opening account: _____

Does any individual directly or indirectly own 25% or more of this entity?

☐ Yes

☐ No

Does any other entity directly or indirectly own 25% or more of this entity?

☐ Yes

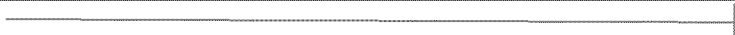
☐ No

*Please review with your Treasury Management Sales Representative to complete this section.
Please continue to list any known individuals that directly or indirectly own 25% or more of this entity.*

Provide the following information for each individual (if any) who directly or indirectly, through any contract, arrangement understanding, relationship or otherwise, owns 25% or more of the equity interests of the legal entity listed.


% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner?  ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner?  ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Additional Beneficial Owner?  ☐ Yes ☐ No

% of Ownership	_____	Name	_____		
Date of Birth:	_____	Social Security / TIN:	_____		
Physical Address (No PO Boxes):	_____				
Driver's License Number:	_____	State of Issuance:	_____	Expiration:	_____
OR , Passport Number:	_____	Country Issued:	_____	Expiration:	_____

***Provide Current Copy of ID**

Provide information for one individual with significant responsibility for managing the legal entity listed.

- ☐ Any executive officer or senior manager (CEO, CFO, COO, Managing Member, General Partner, President, Vice President).
- ☐ Any other individual who regularly performs similar functions.

Name			
Date of Birth:	Social Security / TIN:		
Physical Address (No PO Boxes):			
Driver's License Number:	State of Issuance:	Expiration:	
OR , Passport Number:	Country Issued:	Expiration:	

*Provide Current Copy of ID

Required Supplies:

Duplicate Statements:	Make Selection
Checks or Deposit Slips:	Make Selection

*If above selection is yes select review Harland Product Guide

Check Product Code	
Deposit Ticket Product Code	
Name on Checks/Deposit Tickets	
Address Checks/Deposit Tickets	
Mailing Address (if different)	
Quantity	
Endorsement Stamp:	Make Selection
Endorsement Stamp Order Code:	
Endorsement Stamp Text:	
Other (Please Describe):	



*If requesting checks or deposit tickets select the above icon to open the product guide, and obtain order codes.

Check and Supply orders have varied costs and order quantities vary by product type. Pricing and quantity will be confirmed prior to order placement.

Please tell us about your business:

Import/Export Business?

Make Selection

Business formed outside of the United States?

Make Selection

Who are your targeted customers?

Make Selection

Is the business a marijuana related business?

Make Selection

Is the business an administrator or exchanger of virtual currency?
(e.g. Bitcoin, Ethereum)

Make Selection

Do you issue or redeem Money Orders?

Make Selection

Do you issue or redeem Travelers Cheques?

Make Selection

Do you provide or sell Prepaid Access?

Make Selection

Do you exchange foreign currency for clients?

Make Selection

Do you cash checks for clients?

Make Selection

Do you transmit money for your clients?

Make Selection

Do you provide payment and/or merchant processing services on
behalf of your customers or act as a third party payments processor?
(this includes all monetary instruments)

Make Selection

Do you originate international ACH transactions?

Make Selection

Does your business knowingly use the internet to receive or send
information that could be used to place bets or facilitate in any
way the placing of bets?

Make Selection

Do you own, operate, or service ATM Machines?

Make Selection

If yes, please provide:

ATM Service Agreement.

Sources of funds being withdrawn.

The number of ATM machines, sizes, and location of each machine.

Currency delivery arrangement if applicable.

Do you have multiple locations?

Make Selection

If yes, how many?

Is the business seasonal?

Make Selection

If so, state the season.

What are the average collected balances in your business accounts?

Will you be depositing cash on a regular basis?

Make Selection

If so, how much?

Will you be making cash withdrawals on a regular basis?

Make Selection

Do you pay your clients by cash?

Make Selection

If so, why?

Do you anticipate sending or receiving domestic wire transfers?

Make Selection

Do you anticipate sending or receiving international wire transfers?

Make Selection

If so, from what countries?

BUSINESS ENTITY DOCUMENT CHECKLIST

Business Type	Documents Needed
Sole Proprietor	<ul style="list-style-type: none"> Assumed Name Certificate
Corporation, Professional Association (PA), Professional Corporation (PC)	<ul style="list-style-type: none"> Certificate of Formation, Articles of Incorporation, Certificate of Incorporation, or Charter, and any amendments – copy of state filed document issued by the Secretary of State (Required for Corporation & PA). Board Minutes or Corporate Resolution provided by the entity (not in house resolution) if items listed in above bullet do not identify at least one signer. EIN/SS4 Franchise Tax Account Status must show "Active" Assumed Name Certificate if applicable Registration of Foreign Entity or Certificate of Authority, if applicable. Required for if filed outside of Texas.
General Partnership (State or County Filing) Joint Ventures	<ul style="list-style-type: none"> Assumed Name Certificate if applicable. Partnership Agreement if all partners are not identified in the state filed docs. EIN. Identification of General Partners. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Limited Partnership (State Filing)	<ul style="list-style-type: none"> Certificate of Formation of Limited Partnership or Certificate of Limited Partnership. Partnership Agreement if items listed in above bullet do not identify at least one signer. EIN / SS4 Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents. Registration of Foreign Entity or Certificate of Authority, if applicable. For Limited Partnership established outside of Texas.
Limited Liability Company (LLC) (State Filing) / Professional PLLC	<ul style="list-style-type: none"> Certificate of Formation, Certificate of LLC, or Articles of Organization. Operating Agreement if items listed in above bullet do not identify at least one signer. If the Manager/Member is a business or other entity (ex Trust), we need their filing documents. EIN (Single Member LLC may use member's SSN) Limited Liability Resolution (in house). Franchise Tax Account Status must show "Active." Assumed Name Certificate if applicable. Registration of Foreign Entity or Certificate of Authority, if applicable. For LLCs established outside of Texas.
Limited Liability Partnership (State Filing)	<ul style="list-style-type: none"> Registration of Limited Liability Partnership – and copy of document filed with Secretary of State. Partnership Agreement if all partners are not identified in the state filed docs EIN/SS4 Assumed Name Certificate if applicable. If the General Partner is a business or other entity (ex Trust), we need their filing documents.
Unincorporated Entities Organizations Social/Recreational Clubs Civic Groups Non-Profit	<ul style="list-style-type: none"> EIN / SS4 Officer roster with address & phone numbers (optional). Minutes from meeting where signatories were named. Ruling or Determination Letter from IRS – (needed to setup as non-profit).

	Bank Use Only:	
	Account Officer Name:	
	New or Existing Customer:	
	Cost Center:	
	Completed By:	
End of Form		

 **Texas**
DRIVER LICENSE
Director: *Samuel McQuinn*



DRIVER LICENSE

4d. DL: **5087**

3. DOB: **07/17/1967**

1. **GOODMAN**

2. **JOHN ANDREW**

8. **1008 MIDDLE CREEK ROAD
FREDERICKSBURG, TX 78624**

12. Rest: **NONE**

16. Hgt: **6'-00"** 15. Sex: **M** 18. Eyes: **BLU**

5. DD: **56629280210254708222**

9. Class: **C**

4b. Exp: **07/17/2030**

4a. Iss: **01/24/2022**

 **DONOR**

 **07/17/1967**

**CONSENT OF A MAJORITY OF THE MANAGERS OF THE
GENERAL PARTNER OF
GOODMAN MBE GROUP LP**

Dated September 21, 2022

The undersigned, being a majority of the managers (the “**Managers**”) of Goodman MBE Group GP LLC, a Texas limited liability company (the “**General Partner**”), the general partner of Goodman MBE Group LP, a Texas limited partnership (the “**Partnership**”), waives any and all requirements for calling, giving notice of, and holding a special meeting and, in lieu of such meeting and pursuant to the Company Agreement of Goodman MBE Group GP LLC and Section 101.359 of the Texas Business Organizations Code, does hereby consent to, approve and adopt the following resolutions (the “**Resolutions**”):

RESOLVED, that John A. Goodman, as a Manager of the General Partner, is authorized for and on behalf of the General Partner to:

1. Cause Goodman MBE Group LP to enter into that certain consulting agreement (the “**Consulting Agreement**”) with Goodman Networks Incorporated in the form as attached hereto as **Exhibit A**;
2. Perform all acts and services to be provided by the Partnership as set for in the Consulting Agreement;
3. Cause that John A. Goodman shall be designated as the provider of services to be provided by the Partnership under the Consulting Agreement;
4. Do and perform such other acts and things and to execute and deliver such other documents and agreements, including agreements waiving the right to trial by jury, as the below named Manager, officers or other persons may deem necessary or proper in order to carry out the authority contained in the foregoing Resolutions; and be it

FURTHER RESOLVED, that the signatures of the Managers, officers or named persons appearing on any of the foregoing shall be conclusive evidence of their approval thereof; and be it

FURTHER RESOLVED, that John A. Goodman, as the primary provider of services under the Consultant Agreement, shall be entitled to receive the entire Consultant Fee provided for in the Consultant Agreement and all related allocations of income by the Partnership and shall be entitled to receive any reimbursements of expenses or other costs incurred by him in connection with providing services under the Consulting Agreement;

FURTHER RESOLVED, that any Manager of the General Partner be and hereby is authorized and directed to certify to the foregoing Resolutions.

* * * * *

IN WITNESS WHEREOF, the undersigned Managers constituting a majority of the Managers have executed this consent effective as of the date first set forth above.

MANAGERS:

James E. Goodman

Jason A. Goodman

John A. Goodman

Johnathan E. Goodman

Joseph M. Goodman

Signature Page to
Consent of the Managers of
the General Partner of
Goodman MBE Group LP

**CONSENT OF A MAJORITY OF THE MANAGERS OF THE
GENERAL PARTNER OF
GOODMAN MBE GROUP LP**

Dated September 21, 2022

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2. Perform all acts and services to be provided by the Partnership as set for in the Consulting Agreement;
3. Cause that John A. Goodman shall be designated as the provider of services to be provided by the Partnership under the Consulting Agreement;
4. Do and perform such other acts and things and to execute and deliver such other documents and agreements, including agreements waiving the right to trial by jury, as the below named Manager, officers or other persons may deem necessary or proper in order to carry out the authority contained in the foregoing Resolutions; and be it

FURTHER RESOLVED, that the signatures of the Managers, officers or named persons appearing on any of the foregoing shall be conclusive evidence of their approval thereof; and be it

FURTHER RESOLVED, that John A. Goodman, as the primary provider of services under the Consultant Agreement, shall be entitled to receive the entire Consultant Fee provided for in the Consultant Agreement and all related allocations of income by the Partnership and shall be entitled to receive any reimbursements of expenses or other costs incurred by him in connection with providing services under the Consulting Agreement;


FURTHER RESOLVED, that any Manager of the General Partner be and hereby is authorized and directed to certify to the foregoing Resolutions.

* * * * *

IN WITNESS WHEREOF, the undersigned Managers constituting a majority of the Managers have executed this consent effective as of the date first set forth above.

MANAGERS:

James E. Goodman



Jason A. Goodman

John A. Goodman

Johnathan E. Goodman

Joseph M. Goodman

Signature Page to
Consent of the Managers of
the General Partner of
Goodman MBE Group LP


IN WITNESS WHEREOF, the undersigned Managers constituting a majority of the Managers have executed this consent effective as of the date first set forth above.

MANAGERS:

James E. Goodman

Jason A. Goodman

John A. Goodman


Johnathan E. Goodman

Joseph M. Goodman

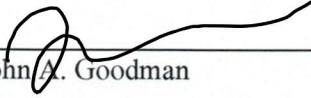
Signature Page to
Consent of the Managers of
the General Partner of
Goodman MBE Group LP

IN WITNESS WHEREOF, the undersigned Managers constituting a majority of the Managers have executed this consent effective as of the date first set forth above.

MANAGERS:

James E. Goodman

Jason A. Goodman



John A. Goodman



Johnathan E. Goodman

Joseph M. Goodman

Signature Page to
Consent of the Managers of
the General Partner of
Goodman MBE Group LP

IN WITNESS WHEREOF, the undersigned Managers constituting a majority of the Managers have executed this consent effective as of the date first set forth above.

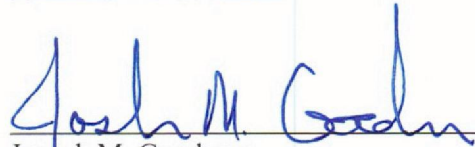
MANAGERS:

James E. Goodman

Jason A. Goodman

John A. Goodman

Johnathan E. Goodman




Joseph M. Goodman

Signature Page to
Consent of the Managers of
the General Partner of
Goodman MBE Group LP

IN WITNESS WHEREOF, the undersigned Parties have executed this Agreement on the dates set forth below, to be effective as of the Effective Date.

THE COMPANY:

GOODMAN NETWORKS INCORPORATED

Signature 

Printed Name Samantha Sondrup

Position Chief of Staff


Date 10/4/2022

Date

CONSULTANT:

BY: GOODMAN MBE GROUP LP

GOODMAN MBE GROUP, LLC, its sole general partner

Signature 

Printed Name Joseph Goodman

Position Manager

Date 9/23/22

Date

Date

Date

James Frinzi

CEO Goodman Networks, GNET ATC, and Multiband Field Services

September 4, 2022

I am writing this to notice the shareholders of Goodman Networks, GNET ATC, Multiband Field Services, and all other entities that fell under my purview related to Goodman Networks, that I resign from my position of CEO effective immediately.

Thanks

A handwritten signature in black ink, appearing to be 'J Frinzi', with a long horizontal stroke extending to the right.

James Frinzi